

**Acute Hospital
Provider Type 01
907 KAR 1:012
907 KAR 1:013**

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may enroll
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- In-state providers must contact OIG (Office of Inspector General) for a survey
- DMS will not assign a provider number to in-state facilities unless a survey has been received
- Any changes to in-state facilities must be directed to OIG immediately
- All admissions require Peer Review Organization (PRO) authorization

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter. If not JCAHO accredited, please send verification of participation within own state Medicaid/ Medicare program.
- License
- CLIA
- W-9
- Provide all Medicare numbers

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

**Psychiatric Hospital
Provider Type 02
907 KAR 1:016**

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may not routinely enroll
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- DMS will not assign a provider number to in-state facilities unless an OIG survey has been received
- Any changes to in-state facilities must be directed to OIG immediately
- Admissions require Peer Review Organization (PRO) authorization

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- JCAHO Accreditation letter
- License
- Medicare number
- CLIA (if applicable)
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

**Psychiatric Residential Treatment Facility (PRTF)
Provider Type 04
907 KAR 1:505**

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may not enroll
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- DMS will not assign a provider number to facilities unless an OIG survey has been received
- Any changes to facilities must be directed to OIG immediately
- All admissions require Peer Review Organization (PRO) authorization

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Accreditation letter from JCAHO or CAS
- Model Attestation Letter
- License
- Medicare number
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

ICF/MR
(Intermediate Care Facility/Mental Retardation)
Provider Type 11
907 KAR 1:025

Information about the program:

- All ICF/MR providers must contact the Office of Inspector General (OIG) for licensing and survey
- DMS will not assign a provider number until survey is received from OIG
- The facilities administrator or director must sign all forms
- Any changes must be directed to OIG immediately
- Provider must obtain a certificate of need
- Provider must have “bricks and mortar”
- No out-of-state providers in this program
- Provider can only be an entity - NO INDIVIDUALS

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- License to operate (covering dates of service requested on MAP-811)
- W-9
- If provider is in a hospital setting must also submit the hospital's JCAHO accreditation.

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

**Nursing Facility
Provider Type 12
907 KAR 1:065**

Information about the program:

- All Nursing Facility providers must contact the Office of Inspector General (OIG) for licensing and survey
- DMS will not assign a provider number until a survey is received from OIG
- The facility administrator or director must sign all forms
- Any changes must be directed to OIG immediately
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- Provider can only be an entity - NO INDIVIDUALS
- All Nursing Facility providers must be licensed by the state in where they practice.
- No out-of-state should be enrolled unless a Kentucky facility is closing and the recipients are being moved out-of-state on a temporary basis. Approval for the enrollment must be given by DMS.
- Different types of nursing facilities are:
 1. 122(out-of-state);
 2. 123(NF Waiver);
 3. 124 (IMD[Institutions of Mental Disease]);
 4. 125 (nursing facility);
 5. 127(Swing bed);
 6. 128 (Medicare Deductible);
 7. 129 (brain injury)
 - Minimum of 10 continuous beds
 - CARF (Commission Accreditation Rehabilitation Facility) certification after first year.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- CLIA certificate (if applicable)
- Medicare letter
- W-9

Important Addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

Specialized Children's Services Clinic
Provider Type 13
907 KAR 3:160

Information about the program:

- Only an entity can enroll for this program-NO INDIVIDUALS
- Provider must have "bricks and mortar"
- The Child Advocacy Center is the provider-enrolled entity

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-Addendum E
- W-9
- Minimum of one professional from each category below:
 - Licensed physician employed with specialized children's services clinic, who has received specialized training in the use and access to a colposcope.
 - A mental health professional who performs a mental health screening and is directly supervised by a physician who performs the medical exam and who is employed by the specialized children's services clinic and has received specialized training in the mental health screening and assessment of sexually abused children.
"Mental Health Professional" is defined as one of the following:
 - Psychologist
 - Licensed Clinical Social Worker
 - ARNP
 - Licensed Marriage and Family Therapist
 - Certified Professional Counselor
 - Certified Professional Art Therapist
- Letter from Department for Community Based Services declaring Child Advocacy Center status

Must provide current documentation to support requirements above and to reflect requested enrollment date.

Health Access Nurturing Development Services (HANDS)
Provider Type 15
907 KAR 3:140

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may not enroll
- Provider must have “bricks and mortar”
- Providers must be Department for Public Health, local, or district health department

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9

**Acquired Brain Injury
Provider Type 17
907 KAR 3:090**

Information about the program:

- All Acquired Brain Injury providers must contact Department for Mental Health and Mental Retardation Services for certification and survey.
- DMS will not assign a provider number until a survey is received from MH/MR.
- The facility administrator or director must sign all forms
- Provider must have "bricks and mortar"
- Out-of-state providers may not enroll
- Provider can only be an entity - NO INDIVIDUALS
- Provider must obtain Certificate of Need.
- Provider must have 2000 hours of service to individuals with brain injuries and 16 hours of brain injury orientation.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9
- Annual Certification letter from MH/MR

Important addresses:

- Department for Mental Health and Mental Retardation
Division of Mental Health
Brain Injury Services Unit
100 Fair Oaks Lane
Frankfort, KY 40601
502-564-3615

Preventive and Remedial Public Health Services
Provider Type 20
907 KAR 1:360

Information about the program:

- Providers must be Department for Public Health or local health department.
- The facility's administrator or director must sign all forms.
- Provider must have "bricks and mortar".
- No out-of-state providers in this program.
- Provider can only be an entity, NO INDIVIDUALS.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9
- CLIA certificate (if have lab)
- Interagency agreement (subcontract)

**School-Based Services
Provider Type 21
907 KAR 1:715**

Information about the program:

- All School-Based Health Services applicants must be certified by the state of Kentucky
- The certifying authority of Kentucky School-Based Health Services is the Kentucky Department of Education
- The facility administrator or director must sign all forms
- Provider must have "bricks and mortar"
- No out-of-state providers in this program
- Provider can only be an entity - NO INDIVIDUALS
- Only permissible provider is a Kentucky school district

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- **Department of Education Certification letter** for current school year as well as covering enrollment date
- W-9

Important addresses:

- Kentucky Department of Education
Capital Plaza Tower
500 Mero Street
Frankfort, KY 40601

Commission For Children with Special Health Care Needs
Provider Type 22
907 KAR 1:705

Information about the program:

- All Commission for Special Health Care Needs providers must be approved by the Kentucky Commission for Children with Special Health Care Needs.
- The facility administrator or director must sign all forms
- No out-of-state providers in this program
- Provider can only be an entity - NO INDIVIDUALS
- The Commission is the enrolled entity. They do have sub-contractors.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9

**Targeted Case Management and Rehabilitative Services
Provider Type 23
907 KAR 1:011**

Information about the program:

Prerequisites:

- Title V agency designation (Department for Public Health)
- Provider must have a signed inter-agency agreement
- Provider must be based in Kentucky
- Cabinet for Health and Family Services is the enrolled entity
- Provider can only be an entity - NO INDIVIDUALS

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9

**First Steps
Provider Type 24
907 KAR 2:160**

Information about the program:

- All First Steps subcontract providers must be certified by the Department for Public Health
- The facility administrator or director must sign forms
- Provider can only be an entity-NO INDIVIDUALS
- Cabinet for Health and Family Services, Department for Public Health is the enrolled entity
- Provider must have “bricks and mortar”
- No out-of-state providers

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Title V certification
- W-9

Important addresses:

- Department for Public Health
Early Childhood Development
275 East Main Street
Frankfort , KY 40621

**Adult Targeted Case Management
Provider Type 27
907 KAR 1:515**

Information about the program:

- This provider type is a waiver of Community Mental Health Centers
- Provider must contact OIG for survey
- Provider must contact Community Mental Health Center for appropriate license
- Provider can only be entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”
- No out-of-state providers

Additional Information to be submitted by the provider for application processing:

- Medicare Letter
- MAP-811
- MAP-811 Addendum E
- License
- W-9

**Children's Targeted Case Management
Provider Type 28
907 KAR 1:525**

Information about the program:

- This provider type is enrolled under a waiver for Community Mental Health Centers
- Provider must contact OIG for survey
- Provider must contact Community Mental Health Center for appropriate license
- The facility administrator or director must sign forms
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have "bricks and mortar"
- No out-of-state providers

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Medicare letter
- License received from the Community Mental Health Center.
- W-9

**Impact Plus
Provider Type 29
907 KAR 3:030E**

Information about the program:

- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”
- No out-of-state providers

Additional Information to be submitted by the provider for application processing:

Providers interested in this provider type must contact the Impact Plus program at (502)-564-4797.

Important addresses:

Department for Mental Health and Mental Retardation
Division of Mental Health and Substance Abuse
100 Fair Oaks Lane 4th Floor
Frankfort, KY 40621

**Community Mental Health Center
Provider Type 30
907 KAR 1:044**

Information about the program:

- Provider must contact OIG for survey
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”
- No out-of-state providers
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Medicare Letter
- License
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Primary Care Center/Federally Qualified Health Centers
Provider Type 31
907 KAR 1:054**

Information about the program:

- All primary care center providers must be licensed by the state where they practice
- Out-of-state providers may enroll
- This provider cannot have a number under this type and a another group number active at the same time, i.e. physician group, nurse practitioner group, physician assistant group, rural health clinic provider number, etc.
- Each Federally Qualified Health Center shall be required to meet appropriate licensure standards and shall be under a grant through Section 329.330 or 340 of the United States Public Health Service Act, or be determined by the Secretary of the Department of Health and Human Services to meet the requirements for receiving a grant under Section 329, 330 or 340 of the United States Public Health Service Act.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 for each professional in the group (ex: physician, CRNA, ARNP...etc)
- State license (covering dates of service, as well as current)
- W-9

Important Addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

**Family Planning
Provider Type 32
907 KAR 1:434**

Information about the program:

- The facility director must sign all forms
- Provider must have "bricks and mortar"
- Provider can only be an entity - NO INDIVIDUALS

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9 form
- An Administrative Director
- A minimum of one Physician
- A minimum of one Registered Nurse
- Need applicable licenses for the above referenced professionals

Supports for Community Living (SCL)
Provider Type 33
907 KAR 1:155

Information about the program:

- SCL providers must be certified through the Department for Mental Health and Mental Retardation
- The facility administrator or director must sign all forms
- Provider must have Certificate of Need
- Out-of-state providers may not enroll
- Provider must have "bricks and mortar"
- Provider can only be an entity - NO INDIVIDUALS

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- "SCL Statement of Services to be Provided" form
- W-9
- Annual Certification letter from MH/MR

Important addresses:

- Department for Mental Health and Mental Retardation
Division of Mental Retardation
100 Fair Oaks Lane
Frankfort, KY 40601
502-564-8917

**Home Health Agency
Provider Type 34
907 KAR 1:030**

Information about the program:

- Provider must contact OIG for survey
- Provider must obtain a Certificate of Need
- Out-of-state providers may perform services, but must be licensed by Kentucky or the state where services are physically provided.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- License (current and reflecting requested enrollment date)
- Medicare Letter
- CLIA (if lab present)
- Out-of-state must submit their Medicaid enrollment requirements for their home state, plus proof of dates of service for the recipient
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Rural Health Clinic
Provider Type 35
907 KAR 1:082**

Information about the program:

- Provider must contact OIG for survey/licensure
- Out-of-state providers may enroll
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”
- Provider cannot have a number under this provider type and a group provider number active at the same time, i.e. physician group, nurse practitioner group, physician assistant group, primary care number, etc.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter
- CLIA (if lab present)
- MAP-347 for each professional working in facility (physician, ARNP, CRNA, PA, etc.)
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Ambulatory Surgical Center
Provider Type 36
902 KAR 20:106**

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may enroll
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- In-state providers must contact OIG for a survey
- DMS will not assign a provider number to in-state facilities unless a survey has been received
- Any changes to in-state facilities must be directed to OIG immediately
- Procedures and services are subject to prior authorization by Peer Review Organization (PRO)

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- License
- Medicare letter of certification
- CLIA (if applicable)
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

Independent Lab Provider Type 37

Information about the program:

- Out-of-state providers may enroll
- All forms must be signed and dated by authorized personnel
- Provider must have “bricks & mortar”
- Independent labs must be licensed by the state of Kentucky or the state in which services are provided

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Lab must be supervised by a Physician Director (copy of physician's license)
- Copy of Pathologist's license (must be Director)
- CLIA
- W-9

Important Addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

**Renal Dialysis Clinic
Provider Type 39**

Information about the program:

- Out-of-state providers may enroll
- Forms must be signed by authorized personnel
- Providers must have “bricks & mortar”

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Medicare Letter of certification
- License
- W-9

Important Addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

Early and Periodic Screening, Diagnosis, and Treatment Special Services
(EPSDT)
Provider Type 40 (Screening Clinics)
907 KAR 1:034

Information about the program:

- An entity or individual can apply for this provider type
- Provider must have "bricks and mortar"
- Must be qualified to provide screening services, and must be under the direction of a duly licensed physician (M.D.), pediatric advanced registered nurse practitioner (ARNP), or a registered professional nurse (R.N.) currently licensed by the State of Kentucky. If screening clinics are conducted under the direction of a registered professional nurse, a physician licensed in the state of Kentucky must act as medical consultant.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Must provide current documentation to support qualifications above and reflect requested enrollment date
- W-9 form

**Model Waiver II
Provider Type 41
907 KAR 1:595**

Information about the program:

- Provider must contact OIG for Home Health Agency survey
- No out of state providers
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”
- Provider must obtain a Certificate of Need
- Program is a waiver of Home Health Agency
- Can only be enrolled under a Medicare certified or Medicaid licensed Home Health Agency
- Services must be provided through a Home Health Agency

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Medicare letter for Home Health Agency
- License for Home Health Agency
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Home and Community Based Waiver
Provider Type 42
907 KAR 1:160**

Information about the program:

- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”
- No out of state providers
- Provider must obtain a Certificate of Need
- Program is a waiver to Home Health Agency
- Provider can only enroll under a Medicare certified or Medicaid licensed Home Health Agency
- Services must be provided through a Home Health Agency

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- License for Home Health Agency
- Medicare letter for Home Health Agency
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Adult Day Health Care
Provider Type 43
907 KAR 1:230**

Information about the program:

- Provider must contact OIG for survey
- No out of state providers
- Provider must obtain a Certificate of Need
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- License
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Hospice
Provider Type 44
907 KAR 1:330**

Information about the program:

- Provider must contact OIG for survey
- Out of state providers may enroll on emergency basis and be licensed by Kentucky
- Provider must obtain a Certificate of Need
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- If hospital based, must submit copy of hospital's accreditation.
- License
- Out of state providers should provide Kentucky license and proof of dates of service for recipient.
- W-9

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601

**Early and Periodic Screening, Diagnosis, and Treatment Special Services
(EPSDT)
Provider Type 45
907 KAR 1:034**

Information about the program:

- An entity or individual can apply for this provider type
- Provider must have "bricks and mortar"
- Out-of-state providers may enroll (see 907 KAR 3:035)
- Provider must obtain a Certificate of Need, if applicable
- The requirements for this provider type are consistent with what the applicant would normally qualify for when enrolling through traditional Medicaid
- Providers must meet 907 KAR Chapters 1 and 3 participation requirements.

Additional information to be submitted by the provider for application processing if the provider is not currently enrolled in Medicaid:

- MAP-811
- MAP-811 Addendum E
- State license- must be current and reflect requested enrollment date (if applicable)
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- If applicant owns a tax id, then need to submit W-9.
- Medicare Letter (if applicable)

Additional information to be submitted by the provider for application processing if the provider is CURRENTLY enrolled in Medicaid:

- MAP-814

NOTE: Primary Care Centers, Rural Health Centers, Impact Plus providers, Non-Emergency Transportation providers, QMB Only providers and Waiver Service only providers may not enroll as EPSDT Special Services providers.

**Hearing Aid Dealer
Provider Type 50
907 KAR 1:039**

Information about the program:

- Provider can only be an individual
- Out-of-state providers may enroll
- Dealer must sign all forms
- Provider must have “bricks & mortar”

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- License for Specializing in Hearing Instruments (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by provider if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit w-9 form.

Hearing Aid Dealer Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Hearing Aid Dealer to be linked to group)
- W-9

Important Addresses:

- KY Licensing Board for Specialist in Hearing Instruments
Berry Hill Annex
PO Box 456
Frankfort, KY 40602

**Optician
Provider Type 52
907 KAR 1:038**

Information about the program:

- Provider can only be an individual
- Out-of-state providers may enroll
- Optician must sign all forms
- Provider must have “bricks & mortar”
- Provider must have an on-site inspection upon request

Additional Information to be submitted by the provider for application processing:

- MAP-811
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- License of Ophthalmic Dispensers (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

Optician Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Optician to be linked to group)
- W-9

Important Addresses:

- KY Board of Ophthalmic Dispensers
901 Dupont Road
Louisville, KY 40207

**Pharmacy
Provider Type 54
907 KAR 1: 019E**

Information about the program:

- Pharmacies located in Kentucky must be licensed by the Kentucky Board of Pharmacy
- Provider must have "bricks and mortar"
- Out-of-state providers may enroll. Please see below.
- Provider can only be an entity - NO INDIVIDUALS

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- State pharmacy license (must be current and reflect requested enrollment date)
- Out-of-state providers must provide proof of current KY pharmacy and pharmacist licensure pursuant to KRS 315.0351(1) if applicable.
- W-9

Important addresses:

- Kentucky Board of Pharmacy
Spindletop Administration Building Ste.302
2624 Research Park Drive
Lexington, KY 40511
(859)-246-2820
pharmacy.board@ky.gov

**Emergency Transportation
Provider Type 55
907 KAR 1:060**

Information about the program:

- Provider must contact Kentucky licensing authority
- Out of state providers may enroll
- Provider must have at least two persons to operate
- Provider must have “bricks and mortar”
- Provider must obtain a Certificate of Need
- Ambulance service license accepted (ALS, BLS, Class I, II, and III)
- Provider must obtain No limit vehicle liability and Professional Malpractice Insurance
- KY Board of EMS must approve vehicles

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- License to operate (issued by state emergency medical services)
- W-9

Important addresses:

- EMS Branch Dept
Health Services
275 East Main Street
Frankfort, KY 40621

**Non-Emergency Transportation
Provider Type 56
907 KAR 1:060**

Information about the program:

- Provider can be an individual (individuals must complete MAP-572 and contact Transportation Broker of home county)
- Provider can be an entity (hospital, NF, etc...) must also contact broker for county
- Provider must obtain a Certificate of Need
- Provider must contact the Transportation Cabinet for licensing and survey
- In state providers are limited to the counties listed on license
- Out of state providers may enroll
- Provider must obtain No limit vehicle liability and Professional Malpractice Insurance

Additional Information to be submitted by the provider for application processing:

Entity

- MAP-811
- MAP-811 Addendum E
- License to operate vehicle issued by Transportation Cabinet (DPV certificate or Taxi certificate) or Ambulance license issued by state emergency medical services
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- W-9 (if applicant owns a tax id)
- Annual license renewal

Private Auto or Foster Parent

- ♦ Map-572
- ♦ Driver's License
- ♦ Vehicle Registration*
- ♦ Proof of Auto Insurance*

*Vehicle registration and proof of auto insurance must be for the same vehicle.

Important addresses:

- | | |
|---|--|
| • Transportation Cabinet
State Office Bldg.
Frankfort, KY 40622 | EMS Branch Dept.
Health Services
275 E. Main Street
Frankfort, KY 40601 |
|---|--|

**Transportation Broker
Provider Type 57
603 KAR 7:080**

Information about the program:

- Provider cannot be an individual
- Administrator or director must sign all forms
- Providers must maintain a sufficiency in meeting the regional Medicaid population's needs for non-emergency medical transportation
- Provider must maintain policies and procedure for processing
- Provider must meet state standards for timely access of services

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9

**Dentist
Provider Type 60
907 KAR 1:026**

Information about the program:

- All Dental providers must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Dentistry
- In addition to a state dental license, all oral surgeons, orthodontists, and prosthodontists must provide proof of specialty by their appropriate state licensing agency or proof of board certification when state specialty licensure is not required. However, the state of Kentucky does require the specialty. Therefore, proof of board certification, such as the American Board of Oral Surgery will not be sufficient. This proof can be a certificate stating specialty from Kentucky Board of Dentistry or a letter from the Kentucky Board of Dentistry with their letterhead stating what type of specialty and the effective and expiration date of specialty.
- Out-of-state providers may enroll

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- Copy of Social Security Card or notarized statement signed by the applicant if applicant does not own a tax id.
- If the applicant is sole owner of a tax id, need W-9 form.
- State license (current and reflecting requested enrollment date)
- Specialty license (if applicable)
- CLIA license (if applicable)

Important addresses:

- Kentucky Board of Dentistry
10101 Linn Station Road Suite 240
Louisville, KY 40223
www.dentistry.state.ky.us/
502-423-0573

**Dental Group
Provider Type 61
907 KAR 1:026**

Information about the program:

- Provider must be an entity (more than one dentist)
- Out-of-state providers can enroll

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 (for each currently enrolled Dentist to be linked to group)
- CLIA (if applicable)
- W-9

**Physician
Provider Type 64
907 KAR 3:005**

Information about the program:

- Provider can only be an individual
- Provider must obtain a license from the KY Board of Medical Licensure
- Providers with specialties (anesthesia, obstetrics, etc.) must have certification for specialty
- Out-of-state providers may enroll

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Specialty certification (if applicable)
- MAP-347 (if working in a group setting)
- CLIA (if applicable)
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.

Important addresses:

- KY Board of Medical Licensure
310 Whittington Parkway
Suite 1B
Louisville, KY 40222

**Physician Group
Provider Type 65
907 KAR 3:005**

Information about the program:

- Provider must be an entity (more than one physician)
- Out-of-state providers may enroll

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 for all physicians within the group. (Individual provider number (64) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Audiologist
Provider Type 70
907 KAR 1:038**

Information about the program:

- Provider can only be an individual
- Out of state providers may enroll
- Audiologist must sign all forms
- Provider must have “bricks & mortar”
- Provider must have an on-site inspection

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by the applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- Out -of-state providers must submit a Certificate of Clinical Competence issued by the American Speech and Hearing Association

Audiologist Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Audiologist to be linked to group)
- W-9

Important Addresses:

- State Board of Examiners for Speech Pathology and Audiology
Berry Hill Annex
Frankfort, KY 40602
- American Speech & Hearing Association

**Certified Registered Nurse Anesthetist
Provider Type 74
907 KAR 1:102**

Information about the program:

- All CRNA providers must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Nursing.
- Out-of-state providers may enroll

Additional information to be submitted by provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- Copy of Social Security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.
- State license (current and reflecting requested enrollment date) *See Below
- Specialty license (current and reflecting requested enrollment date)
- CLIA license (if applicable)

*Certain states do not issue nurse anesthetist licenses. They only issue Registered Nurse licenses. It is the responsibility of the RN to get a national certification for their specialty of nurse anesthetist. In this case, applicants must supply their RN license and their national nurse anesthetist license with effective date.

Certified Registered Nurse Anesthetist Group

Information about the program:

- Provider must be an entity (more than one nurse anesthetist)
- Out-of-state providers can enroll

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 (for each currently enrolled Nurse Anesthetist to be linked to group)
- CLIA (if applicable)
- W-9

Important addresses:

- Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172
<http://kbn.ky.gov>
502-329-7000 or 800-305-2042

**Optometrist
Provider Type 77
907 KAR 1:038**

Information about the program:

- Provider can only be an individual
- Out-of-state providers may enroll
- Optometrist must sign all forms
- Provider must have “bricks & mortar”
- Provider must have an on site inspection upon request from the Board

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- Optometric license (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.

Optometrist Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Optometrist to be linked to group)
- W-9

Important Addresses:

- KY Board of Optometric Examiners
1000 West Main Street
Georgetown, KY 40324

**Advanced Registered Nurse Practitioner
(ARNP)
Provider Type 78
907 KAR 1:102**

Information about the program:

- All ARNP providers must be licensed by the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Nursing.
- Out-of-state providers may enroll

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- Copy of Social Security card or notarized statement signed by the applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need W-9 form.
- State license (current and reflecting requested enrollment date) *See Below
- Specialty license (current and reflecting requested enrollment date)
- CLIA license (if applicable)

*Certain states do not issue nurse practitioner licenses. They only issue Registered Nurse licenses. It is the responsibility of the RN to get a national certification for their specialty of nurse practitioner. In this case, applicants must supply their RN license and their national nurse practitioner license with effective date.

ARNP Group

Information about the program:

- Provider must be an entity (more than one nurse practitioner).
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 (for each currently enrolled Nurse Practitioner to be linked to group)
- CLIA (if applicable)
- W-9

Advanced Registered Nurse Practitioner Continued...

Important addresses:

- Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172
<http://kbn.ky.gov>
502-329-7000 or 800-305-2042

**Podiatrist
Provider Type 80
907 KAR 1:270**

Information about the program:

- All Podiatry providers must be licensed by the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Podiatry.
- Out-of-state providers may enroll

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in group setting)
- Copy of Social Security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.
- State license (current and reflecting requested enrollment date).
- CLIA license (if applicable)

Podiatrist Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Podiatrist to be linked to group)
- W-9

Important addresses:

- Kentucky Board of Podiatry
908B South 12th Street
Murray, KY 42071
270-759-0007

**Licensed Clinical Social Worker
(LCSW)
Provider Type 82
REG 907 KAR 1:102**

Information about the program:

- All LCSW providers must be licensed by the state where they practice
- Out-of-state providers may enroll
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to recipients who only have Medicaid benefits.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.

Licensed Clinical Social Worker Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.
- Please see above regarding QMB reimbursement.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled LCSW to be linked to group)
- W-9

**Chiropractor
Provider Type 85
907 KAR 3:125**

Information about the program:

- All Chiropractor providers must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Chiropractic Examiners.
- Out-of-state providers may enroll

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- If applicant is sole owner of tax id, need W-9 form.
- State license (current and reflecting requested enrollment date)
- Medicare certification letter with effective date
- CLIA license (if applicable)
- Be at least 21 years of age

Chiropractic Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Medicare certification letter for group with effective date
- Map-347 (for each currently enrolled Chiropractor to be linked to group)
- CLIA (if applicable)
- W-9

Important addresses:

- Kentucky Board of Chiropractic Examiners
110 North Hubbard Lane
Louisville, KY 40207

**Other Lab & X Ray
Provider Type 86
907 KAR 1:028**

Information about the program:

- Radiologist must be licensed by the state where they practice
- Out-of-state providers may enroll

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Facility license from state in which services are provided (if applicable)
- Medicare letter for facility
- Physician Director (physician license)
- Radiology Specialty
- W-9

Physical Therapist Provider Type 87

Information about the program:

- All physical therapy providers must be licensed by the state where they practice
- Out-of-state providers may enroll
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to recipients who only have Medicaid benefits.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.

Physical Therapist Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.
- Please see above regarding QMB reimbursement.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Physical Therapist to be linked to group)
- Medicare certification letter for group with effective date
- W-9

Occupational Therapist Provider Type 88

Information about the program:

- All occupational therapy providers must be licensed by the state where they practice
- Out-of-state providers may enroll
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to recipients who only have Medicaid benefits.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form

Occupational Therapist Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.
- Please see above regarding QMB reimbursement

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Occupational Therapist to be linked to group)
- Medicare certification letter for group with effective date
- W-9

Licensed Psychologist Provider Type 89

Information about the program:

- All Licensed Psychologist providers must be licensed by the state where they practice
- Out-of-state providers may enroll
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to recipients who only have Medicaid benefits.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.

Psychologist Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.
- Please see above regarding QMB reimbursement.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Psychologist to be linked to group)
- Medicare certification letter for group with effective date
- W-9

Important Addresses:

- Kentucky Board of Examiners in Psychology
P.O. Box 1360
Frankfort, KY 40602

Durable Medical Equipment (DME)
Provider Type 90
907 KAR 1:479

Information about the program:

- All DME's associated with a pharmacy must present a copy of the pharmacy license from the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Pharmacy.
- The provider associated with a pharmacy must also have a Medicare DME provider number.
- Out-of-state providers may enroll
- Provider must have "bricks and mortar"
- Provider can only be entity - NO INDIVIDUALS
- The DME provider must adhere to all CMS supplier standards in accordance with 42 CFR 424.57.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- W-9
- State license (if associated with pharmacy) current and covering requested enrollment date
- Medicare certification letter less than three years old with effective date of certification and physical location of where DME number is to be used. Medicare requires DME providers to re-enroll every 3 years.

**Comprehensive Outpatient Rehab Facility (CORF)
Provider Type 91**

Information about the program:

- All CORF providers must be licensed by the state where they practice
- Out-of-state providers may enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to recipients who only have Medicaid benefits.

Additional Information to be submitted by the provider for application processing:

- MAP-811
- Map-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification recognizing provider as a CORF
- W-9

Psychiatric Distinct Part Unit (DPU)
Provider Type 92
907 KAR 1:012
907 KAR 1:013

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may NOT enroll
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- In-state providers must contact OIG for a survey
- DMS will not assign a provider number to an in-state facility unless survey has been received
- Any changes to in-state facilities must be directed to OIG immediately

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Documentation from Medicare designating provider as a distinct part unit
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter.
- License
- Medicare number
- CLIA
- W-9

Important Addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

Rehabilitation Distinct Part Unit (DPU)

Provider Type 93

907 KAR 1:012

907 KAR 1:013

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may NOT enroll
- The facility administrator or director must sign all forms
- Provider must obtain a Certificate of Need
- Provider must have “bricks and mortar”
- In-state providers must contact OIG for a survey
- DMS will not assign a provider number to an in-state facility unless a survey has been received
- Any changes to in-state facilities must be directed to OIG immediately

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Documentation from Medicare designating provider as a distinct part unit.
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter.
- License
- Medicare number
- CLIA
- W-9

Important Addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

**Physician Assistant
Provider Type 95
907 KAR 3:010**

Information about the program:

- All Physician Assistant providers must present a current copy of license from the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Medical Licensure.
- Out-of-state providers may enroll
- Physician assistants must be supervised by a physician.
- This provider type **may** be reimbursable as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to recipients who only have Medicaid benefits.

Additional information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- Map-347 (If working in a group setting)
- CLIA (if applicable)
- Copy of Social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.
- State license (current and reflecting requested enrollment date)
- Medicare certification letter with effective date.
- MAP-612 (must be signed by PA and assigned physician)

Physician Assistant Group

Information about the program

- Provider can be an individual or an entity.
- Out-of-State providers may enroll.
- Please see above regarding QMB reimbursement.

Additional information to be submitted by the provider for application processing

- Map-811
- Map-811 Addendum E
- Map-347 (for each currently enrolled Physical Therapist to be linked to group)
- CLIA (if applicable)
- Medicare certification letter for group with effective date
- W-9

Physician Assistant Continued.....

Important addresses:

- Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
www.state.ky.us/agencies/kbml/
502-429-8046